

PART I

NAME (Last)

Herbertson

MAILING ADDRESS (Street)

LOBBYIST

555 Capitol Mall, Suite 625

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(First)

Carolyn

THIS SPACE FOR OFFICE USE ONLY

'07 JAN 17 P12:00

STATE OF HAWAII STATE ETHICS COMMISSION

TELEPHONE

FAX

(916 446-2455

(916) 448-7469

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Middle)

L.

(City)	(State)	(Zip Code)
Sacramento	CA	95814
EMPLOYING ORGANIZATION (Fill	in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE
	11250 Waples Mill Road	703-767-1250
MAILING ADDRESS (Street)	FAX	
C/O CSIENDADI COS	noel's Office, Attn: Wilde, Beredict	703-267-3985
· (City)	(State)	(Zip Code)
FAILAX	VA	<i>I2</i> 030
PART II ORGANIZATIO		
NAME OF ORGANIZATION YO	TELEPHONE	
National Rifle Associat		
MAILING ADDRESS (Street)		FAX
11230 Waples Mill Roa	ad	
(City)	(State)	(Zip Code)
Fairfax	VA	22030
NAME OF PERSON RESPONSIBL	E FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Nokk, T	703-267-1268	
MAILING ADDRESS (Street)	FAX	
11250 WA	703-267-1250	
(City)	, (State)	(Zip Code)
FAILAX	UA	<i>27</i> 030

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	Second Amendmen		
PART IV CERTIFICATI	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
1-8-2007					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
Rondy hozoch Duector State & Local Affairs					
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
1					
National Plus	Le Asser Ation o	f America	7/267-1250		
MAILING ADDRESS (Street)	Co Affection o Attn: Nilcki Beno		7/267-1250 FAX		
(1/0 0GC, 1 11250 L		rdict	7/267-3985		
MAILING ADDRESS (Street) (1/0 0GC, 11/250 C) (City)		rdict	7/267-1250 FAX 7/267-3985 (Zip Code)		
(1/0 0GC, 1 11250 C (City) FACGAR	Artn: Nolck, Bena Spples Mill Roc (State)	edict	7/367-3985 (Zip Code)		
(1/0 0GC, 1 11250 C (City) FACGAR	Artn: Nolck, Bena Spples Mill Roc (State)	rdict	7/367-3985 (Zip Code)		
(City) (City) I hereby authorize th	Artn: Nolck, Bena Spples Mill Roc (State)	gage in lobbying activities on b	7/367-3985 (Zip Code)		